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| <b>TRANSMITTAL<br/>FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number   | 09/093,533              |          |
|   | Filing Date          | 06/08/98                |          |
|   | First Named Inventor | Michael Malcolm, et al. |          |
|   | Group Art Unit       | 2787                    |          |
|   | Examiner Name        | Wang, M.                |          |
| Total Number of Pages in This Submission  | 65                   | Attorney Docket Number  | CASH-001 |

| ENCLOSURES (check all that apply)  |  |  |
|--|--|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached   | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers  | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
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| <input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | Remarks  |  |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                      |
|--|----------------------|
| Firm or Individual name                    | Swernofsky Law Group |
| Signature                                  | <br>reg. no. 45,996  |
| Date                                       | August 22, 2000      |

| CERTIFICATE OF MAILING   |                    |      |                 |
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| Typed or printed name  | Roberta D. Roberts |      |                 |
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PTO/SB/17 (12/99)  
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**Complete if Known**

|                      |                 |
|----------------------|-----------------|
| Application Number   | 09/093,533      |
| Filing Date          | 06/08/98        |
| First Named Inventor | Malcolm, et al. |
| Examiner Name        | Wang, M.        |
| Group / Art Unit     | 2787            |
| Attorney Docket No.  | CASH-001        |

|                                |             |               |
|--------------------------------|-------------|---------------|
| <b>TOTAL AMOUNT OF PAYMENT</b> | <b>(\$)</b> | <b>240.00</b> |
|--------------------------------|-------------|---------------|

| METHOD OF PAYMENT (check one)  |          |              |          | FEE CALCULATION (continued)  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |     |     |                        |     |  |    |     |       |                                   |     |   |     |     |       |                                       |     |  |    |     |     |  |     |                  |    |     |     |  |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |           |  |
|--|----------|--------------|----------|--|----------|--------------|--|-----------------|----------|--------------|----------|-----------------|----------|----------|----------|----------|----------|--------------------|-----|-----|-----|-------------------------------------|-----|-------------------|----|-----|-----|--|-----|------------------|-----|-----|-----|---------------------------|-----|--------------------|-------|-----|-------|--|----|------------------------|------|---------------------|------|--|--|-----|--------|--|--------|---|--|--------------|-----|--------------|----|--|----------|----------|----------|----------|----------|---|----|-----|-----|------------------------|-----|--|----|-----|-------|-----------------------------------|-----|---|-----|-----|-------|---------------------------------------|-----|--|----|-----|-----|--|-----|------------------|----|-----|-----|--|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|---|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|---------------------------|--|--|--|--|--|---------------------------|--|--|--|--|--|---------------------|--|--|--|-----------|--|
| <b>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b><br><br>Deposit Account Number: <span style="border: 1px solid black; padding: 5px; display: inline-block; width: 200px;">50-0365</span><br><br>Deposit Account Name: <span style="border: 1px solid black; padding: 5px; display: inline-block; width: 200px;">Steven A. Swernofsky</span><br><br><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17  |          |              |          | <b>3. ADDITIONAL FEES</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>380</td><td>216</td><td>190</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>870</td><td>217</td><td>435</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,360</td><td>218</td><td>680</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,850</td><td>228</td><td>925</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>300</td><td>219</td><td>150</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>300</td><td>220</td><td>150</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>260</td><td>221</td><td>130</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>141</td><td>1,210</td><td>241</td><td>605</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>142</td><td>1,210</td><td>242</td><td>605</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>430</td><td>243</td><td>215</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>580</td><td>244</td><td>290</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>126</td><td>240</td><td>126</td><td>240</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>146</td><td>690</td><td>246</td><td>345</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>149</td><td>690</td><td>249</td><td>345</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr><td colspan="5">Other fee (specify) _____</td><td></td></tr> <tr><td colspan="5">Other fee (specify) _____</td><td></td></tr> <tr> <td colspan="4" style="text-align: right;"><b>Subtotal (3)</b></td> <td style="border: 1px solid black; padding: 5px;">\$ 240.00</td> <td></td> </tr> </tbody> </table> |          |              |  | Large Entity    |          | Small Entity |          | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 105                | 130 | 205 | 65  | Surcharge - late filing fee or oath |     | 127               | 50 | 227 | 25  | Surcharge - late provisional filing fee or cover sheet |     | 139              | 130 | 139 | 130 | Non-English specification |     | 147                | 2,520 | 147 | 2,520 | For filing a request for reexamination |    | 112                    | 920* | 112                 | 920* | Requesting publication of SIR prior to Examiner action |  | 113 | 1,840* | 113  | 1,840* | Requesting publication of SIR after Examiner action |  | 115          | 110 | 215          | 55 | Extension for reply within first month |          | 116      | 380      | 216      | 190      | Extension for reply within second month |    | 117 | 870 | 217                    | 435 | Extension for reply within third month |    | 118 | 1,360 | 218                               | 680 | Extension for reply within fourth month |     | 128 | 1,850 | 228                                   | 925 | Extension for reply within fifth month |    | 119 | 300 | 219  | 150 | Notice of Appeal |    | 120 | 300 | 220  | 150 | Filing a brief in support of an appeal |  | 121 | 260 | 221 | 130 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1,210 | 241 | 605 | Petition to revive - unintentional |  | 142 | 1,210 | 242 | 605 | Utility issue fee (or reissue) |  | 143 | 430 | 243 | 215 | Design issue fee |  | 144 | 580 | 244 | 290 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Petitions related to provisional applications |  | 126 | 240 | 126 | 240 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 690 | 246 | 345 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 690 | 249 | 345 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | Other fee (specify) _____ |  |  |  |  |  | Other fee (specify) _____ |  |  |  |  |  | <b>Subtotal (3)</b> |  |  |  | \$ 240.00 |  |
| Large Entity   |          | Small Entity |          | Fee Description  | Fee Paid |              |  |                 |          |              |          |                 |          |          |          |          |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |     |     |                        |     |  |    |     |       |                                   |     |   |     |     |       |                                       |     |  |    |     |     |  |     |                  |    |     |     |  |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |           |  |
| Fee Code   | Fee (\$) | Fee Code     | Fee (\$) |  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |     |     |                        |     |  |    |     |       |                                   |     |   |     |     |       |                                       |     |  |    |     |     |  |     |                  |    |     |     |  |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |           |  |
| 105  | 130      | 205          | 65       | Surcharge - late filing fee or oath  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |     |     |                        |     |  |    |     |       |                                   |     |   |     |     |       |                                       |     |  |    |     |     |  |     |                  |    |     |     |  |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |           |  |
| 127  | 50       | 227          | 25       | Surcharge - late provisional filing fee or cover sheet   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |     |     |                        |     |  |    |     |       |                                   |     |   |     |     |       |                                       |     |  |    |     |     |  |     |                  |    |     |     |  |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |           |  |
| 139  | 130      | 139          | 130      | Non-English specification  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |     |     |                        |     |  |    |     |       |                                   |     |   |     |     |       |                                       |     |  |    |     |     |  |     |                  |    |     |     |  |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |           |  |
| 147  | 2,520    | 147          | 2,520    | For filing a request for reexamination   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |     |     |                        |     |  |    |     |       |                                   |     |   |     |     |       |                                       |     |  |    |     |     |  |     |                  |    |     |     |  |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |           |  |
| 112  | 920*     | 112          | 920*     | Requesting publication of SIR prior to Examiner action   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |     |     |                        |     |  |    |     |       |                                   |     |   |     |     |       |                                       |     |  |    |     |     |  |     |                  |    |     |     |  |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |           |  |
| 113  | 1,840*   | 113          | 1,840*   | Requesting publication of SIR after Examiner action  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |     |     |                        |     |  |    |     |       |                                   |     |   |     |     |       |                                       |     |  |    |     |     |  |     |                  |    |     |     |  |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |           |  |
| 115  | 110      | 215          | 55       | Extension for reply within first month   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |     |     |                        |     |  |    |     |       |                                   |     |   |     |     |       |                                       |     |  |    |     |     |  |     |                  |    |     |     |  |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |           |  |
| 116  | 380      | 216          | 190      | Extension for reply within second month  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |     |     |                        |     |  |    |     |       |                                   |     |   |     |     |       |                                       |     |  |    |     |     |  |     |                  |    |     |     |  |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |           |  |
| 117  | 870      | 217          | 435      | Extension for reply within third month   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |     |     |                        |     |  |    |     |       |                                   |     |   |     |     |       |                                       |     |  |    |     |     |  |     |                  |    |     |     |  |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |           |  |
| 118  | 1,360    | 218          | 680      | Extension for reply within fourth month  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |     |     |                        |     |  |    |     |       |                                   |     |   |     |     |       |                                       |     |  |    |     |     |  |     |                  |    |     |     |  |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |           |  |
| 128  | 1,850    | 228          | 925      | Extension for reply within fifth month   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |     |     |                        |     |  |    |     |       |                                   |     |   |     |     |       |                                       |     |  |    |     |     |  |     |                  |    |     |     |  |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |           |  |
| 119  | 300      | 219          | 150      | Notice of Appeal   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |     |     |                        |     |  |    |     |       |                                   |     |   |     |     |       |                                       |     |  |    |     |     |  |     |                  |    |     |     |  |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |           |  |
| 120  | 300      | 220          | 150      | Filing a brief in support of an appeal   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |     |     |                        |     |  |    |     |       |                                   |     |   |     |     |       |                                       |     |  |    |     |     |  |     |                  |    |     |     |  |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |           |  |
| 121  | 260      | 221          | 130      | Request for oral hearing   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |     |     |                        |     |  |    |     |       |                                   |     |   |     |     |       |                                       |     |  |    |     |     |  |     |                  |    |     |     |  |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |           |  |
| 138  | 1,510    | 138          | 1,510    | Petition to institute a public use proceeding  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |     |     |                        |     |  |    |     |       |                                   |     |   |     |     |       |                                       |     |  |    |     |     |  |     |                  |    |     |     |  |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |           |  |
| 140  | 110      | 240          | 55       | Petition to revive - unavoidable   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |     |     |                        |     |  |    |     |       |                                   |     |   |     |     |       |                                       |     |  |    |     |     |  |     |                  |    |     |     |  |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |           |  |
| 141  | 1,210    | 241          | 605      | Petition to revive - unintentional   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |     |     |                        |     |  |    |     |       |                                   |     |   |     |     |       |                                       |     |  |    |     |     |  |     |                  |    |     |     |  |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |           |  |
| 142  | 1,210    | 242          | 605      | Utility issue fee (or reissue)   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |     |     |                        |     |  |    |     |       |                                   |     |   |     |     |       |                                       |     |  |    |     |     |  |     |                  |    |     |     |  |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |           |  |
| 143  | 430      | 243          | 215      | Design issue fee   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |     |     |                        |     |  |    |     |       |                                   |     |   |     |     |       |                                       |     |  |    |     |     |  |     |                  |    |     |     |  |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |           |  |
| 144  | 580      | 244          | 290      | Plant issue fee  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |     |     |                        |     |  |    |     |       |                                   |     |   |     |     |       |                                       |     |  |    |     |     |  |     |                  |    |     |     |  |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |           |  |
| 122  | 130      | 122          | 130      | Petitions to the Commissioner  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |     |     |                        |     |  |    |     |       |                                   |     |   |     |     |       |                                       |     |  |    |     |     |  |     |                  |    |     |     |  |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |           |  |
| 123  | 50       | 123          | 50       | Petitions related to provisional applications  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |     |     |                        |     |  |    |     |       |                                   |     |   |     |     |       |                                       |     |  |    |     |     |  |     |                  |    |     |     |  |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |           |  |
| 126  | 240      | 126          | 240      | Submission of Information Disclosure Stmt  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |     |     |                        |     |  |    |     |       |                                   |     |   |     |     |       |                                       |     |  |    |     |     |  |     |                  |    |     |     |  |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |           |  |
| 581  | 40       | 581          | 40       | Recording each patent assignment per property (times number of properties)   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |     |     |                        |     |  |    |     |       |                                   |     |   |     |     |       |                                       |     |  |    |     |     |  |     |                  |    |     |     |  |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |           |  |
| 146  | 690      | 246          | 345      | Filing a submission after final rejection (37 CFR § 1.129(a))  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |     |     |                        |     |  |    |     |       |                                   |     |   |     |     |       |                                       |     |  |    |     |     |  |     |                  |    |     |     |  |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |           |  |
| 149  | 690      | 249          | 345      | For each additional invention to be examined (37 CFR § 1.129(b))   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |     |     |                        |     |  |    |     |       |                                   |     |   |     |     |       |                                       |     |  |    |     |     |  |     |                  |    |     |     |  |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |           |  |
| Other fee (specify) _____  |          |              |          |  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |     |     |                        |     |  |    |     |       |                                   |     |   |     |     |       |                                       |     |  |    |     |     |  |     |                  |    |     |     |  |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |           |  |
| Other fee (specify) _____  |          |              |          |  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |     |     |                        |     |  |    |     |       |                                   |     |   |     |     |       |                                       |     |  |    |     |     |  |     |                  |    |     |     |  |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |           |  |
| <b>Subtotal (3)</b>  |          |              |          | \$ 240.00  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |     |     |                        |     |  |    |     |       |                                   |     |   |     |     |       |                                       |     |  |    |     |     |  |     |                  |    |     |     |  |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |           |  |
| <b>2. EXTRA CLAIM FEES</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>101</td><td>690</td><td>201</td><td>345</td><td>Utility filing fee</td><td></td></tr> <tr><td>106</td><td>310</td><td>206</td><td>155</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>480</td><td>207</td><td>240</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>690</td><td>208</td><td>345</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td></td></tr> <tr> <td colspan="4" style="text-align: right;"><b>Subtotal (1)</b></td> <td style="border: 1px solid black; padding: 5px;">\$</td> <td></td> </tr> </tbody> </table> |          |              |          | Large Entity   |          | Small Entity |  | Fee Description | Fee Paid | Fee Code     | Fee (\$) | Fee Code        | Fee (\$) | 101      | 690      | 201      | 345      | Utility filing fee |     | 106 | 310 | 206                                 | 155 | Design filing fee |    | 107 | 480 | 207  | 240 | Plant filing fee |     | 108 | 690 | 208                       | 345 | Reissue filing fee |       | 114 | 150   | 214                                    | 75 | Provisional filing fee |      | <b>Subtotal (1)</b> |      |  |  | \$  |        | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>78</td><td>202</td><td>39</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>260</td><td>204</td><td>130</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>78</td><td>209</td><td>39</td><td>** Reissue Independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="4" style="text-align: right;"><b>Subtotal (2)</b></td> <td style="border: 1px solid black; padding: 5px;">\$</td> <td></td> </tr> </tbody> </table> |        |   |  | Large Entity |     | Small Entity |    | Fee Description                        | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 103                                     | 18 | 203 | 9   | Claims in excess of 20 |     | 102                                    | 78 | 202 | 39    | Independent claims in excess of 3 |     | 104                                     | 260 | 204 | 130   | Multiple dependent claim, if not paid |     | 109                                    | 78 | 209 | 39  | ** Reissue Independent claims over original patent |     | 110              | 18 | 210 | 9   | ** Reissue claims in excess of 20 and over original patent |     | <b>Subtotal (2)</b>                    |  |     |     | \$  |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |           |  |
| Large Entity   |          | Small Entity |          | Fee Description  | Fee Paid |              |  |                 |          |              |          |                 |          |          |          |          |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |     |     |                        |     |  |    |     |       |                                   |     |   |     |     |       |                                       |     |  |    |     |     |  |     |                  |    |     |     |  |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |           |  |
| Fee Code   | Fee (\$) | Fee Code     | Fee (\$) |  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |     |     |                        |     |  |    |     |       |                                   |     |   |     |     |       |                                       |     |  |    |     |     |  |     |                  |    |     |     |  |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |           |  |
| 101  | 690      | 201          | 345      | Utility filing fee   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |     |     |                        |     |  |    |     |       |                                   |     |   |     |     |       |                                       |     |  |    |     |     |  |     |                  |    |     |     |  |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |           |  |
| 106  | 310      | 206          | 155      | Design filing fee  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |     |     |                        |     |  |    |     |       |                                   |     |   |     |     |       |                                       |     |  |    |     |     |  |     |                  |    |     |     |  |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |           |  |
| 107  | 480      | 207          | 240      | Plant filing fee   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |     |     |                        |     |  |    |     |       |                                   |     |   |     |     |       |                                       |     |  |    |     |     |  |     |                  |    |     |     |  |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |           |  |
| 108  | 690      | 208          | 345      | Reissue filing fee   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |     |     |                        |     |  |    |     |       |                                   |     |   |     |     |       |                                       |     |  |    |     |     |  |     |                  |    |     |     |  |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |           |  |
| 114  | 150      | 214          | 75       | Provisional filing fee   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |     |     |                        |     |  |    |     |       |                                   |     |   |     |     |       |                                       |     |  |    |     |     |  |     |                  |    |     |     |  |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |           |  |
| <b>Subtotal (1)</b>  |          |              |          | \$   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |     |     |                        |     |  |    |     |       |                                   |     |   |     |     |       |                                       |     |  |    |     |     |  |     |                  |    |     |     |  |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |           |  |
| Large Entity   |          | Small Entity |          | Fee Description  | Fee Paid |              |  |                 |          |              |          |                 |          |          |          |          |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |     |     |                        |     |  |    |     |       |                                   |     |   |     |     |       |                                       |     |  |    |     |     |  |     |                  |    |     |     |  |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |           |  |
| Fee Code   | Fee (\$) | Fee Code     | Fee (\$) |  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |     |     |                        |     |  |    |     |       |                                   |     |   |     |     |       |                                       |     |  |    |     |     |  |     |                  |    |     |     |  |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |           |  |
| 103  | 18       | 203          | 9        | Claims in excess of 20   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |     |     |                        |     |  |    |     |       |                                   |     |   |     |     |       |                                       |     |  |    |     |     |  |     |                  |    |     |     |  |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |           |  |
| 102  | 78       | 202          | 39       | Independent claims in excess of 3  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |     |     |                        |     |  |    |     |       |                                   |     |   |     |     |       |                                       |     |  |    |     |     |  |     |                  |    |     |     |  |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |           |  |
| 104  | 260      | 204          | 130      | Multiple dependent claim, if not paid  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |     |     |                        |     |  |    |     |       |                                   |     |   |     |     |       |                                       |     |  |    |     |     |  |     |                  |    |     |     |  |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |           |  |
| 109  | 78       | 209          | 39       | ** Reissue Independent claims over original patent   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |     |     |                        |     |  |    |     |       |                                   |     |   |     |     |       |                                       |     |  |    |     |     |  |     |                  |    |     |     |  |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |           |  |
| 110  | 18       | 210          | 9        | ** Reissue claims in excess of 20 and over original patent   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |     |     |                        |     |  |    |     |       |                                   |     |   |     |     |       |                                       |     |  |    |     |     |  |     |                  |    |     |     |  |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |           |  |
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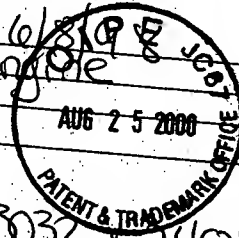
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